

NITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of Yoshihide Hayashizaki et al.

Application No.: 09/254,344

Filing Date:

September 3, 1999

Title: RNA POLYMERASE

Group Art Unit: 1652

Examiner: Richard G. Hutson

Confirmation No.: 6838

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

⊏nc	losed is a reply for the above-identified patent application.
X	A Petition for Extension of Time is also enclosed.
	Terminal Disclaimer(s) and the \$\infty\$\$ \$55.00 (2814) \$\infty\$\$ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. \(\) \$ 1.20(d) are also enclosed.
	Also enclosed is/are
	Small entity status is hereby claimed.
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
	□ \$385.00 (2801) □ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.
	Applicant(s) previously submitted
	on, for which continued examination is requested.
	for which continued examination is requested.
	Applicant(s) requests suspension of action by the Office until at least
	which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

Application No. <u>09/254,344</u>

X	No additional claim fee is required.
	An additional claim fee is required, and is calculated as shown below.

		AN	IENDE	ED CLAIMS		
	No. of Claims	Highest of Clai Previou Paid F	ms Isly	Extra Claims	Rate	Additional Fee
Total Claims		MINUS	=	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims		MINUS	=	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds n	nultiple depen	dent claims	, add \$	290.00 (1203)		
Total Claim Amendm	ent Fee					\$ 0.00
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee			\$ 0.00			
TOTAL ADDITIONAL	CLAIM FEE	DUE FOR	THIS A	MENDMENT		\$ 0.00

Ш	A check in the amount of	of	is enclosed for the fee due
	Charge	to Deposit Acc	ount No. 02-4800.
	Charge	to credit card.	Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: July 23, 2004

Ву

Deborah H. Yellir Registration No. 45,904